

# **Supplemental Application Data Sheet**

## **Application Information**

<b>Application number:</b>	10/549,610
<b>Filing Date:</b>	6/28/2006
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested classification:</b>	n.a.
<b>Suggested Group Art Unit:</b>	3633
<b>CD-ROM or CD-R?:</b>	None
<b>Number of CD disks:</b>	0
<b>Number of copies of CDs:</b>	0
<b>Sequence submission?:</b>	None
<b>Computer Readable Form (CRF)?:</b>	No
<b>Number of copies of CRF:</b>	0
<b>Title:</b>	SYSTEM FOR BUILDING WITH GLASS BLOCKS
<b>Attorney Docket Number:</b>	06117.0007.PCUS00
<b>Request for Early Publication?:</b>	No
<b>Request for Non-Publication?:</b>	No
<b>Suggested Drawing Figure:</b>	n.a.
<b>Total Drawing Sheets:</b>	0
<b>Small Entity?:</b>	Yes
<b>Latin name:</b>	n.a.
<b>Variety denomination name:</b>	n.a.
<b>Petition included?:</b>	No
<b>Petition Type:</b>	n.a.
<b>Licensed US Govt. Agency:</b>	n.a.
<b>Contract or Grant Numbers:</b>	n.a.
<b>Secrecy Order in Parent Appl.?:</b>	No

## Applicant Information

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** NO  
**Status:** Full Capacity

**Given Name:** Bjorn  
**Middle Name:** Oddvar  
**Family Name:** BORRESSEN  
**Name Suffix:**

**City of Residence:** GAMLE FREDRIKSTAD  
**State or Province of Residence:**  
**Country of Residence:** NO

**Street of mailing address:** Naddetorpveien 107

**City of mailing address:** GAMLE FREDRIKSTAD  
**State or Province of mailing address:**  
**Country of mailing address:** NO  
**Postal or Zip Code of mailing address:** 1636

**Applicant Authority Type:** Inventor

**Primary Citizenship Country:** NO  
**Status:** Full Capacity

**Given Name:** Jon  
**Middle Name:** Cato  
**Family Name:** OLSEN  
**Name Suffix:**

**City of Residence:** FREDRIKSTAD  
**State or Province of Residence:**  
**Country of Residence:** NO

**Street of mailing address:** Haakonsgate 7

**City of mailing address:** FREDRIKSTAD  
**State or Province of mailing address:**  
**Country of mailing address:** NO  
**Postal or Zip Code of mailing address:** 1607

**Applicant Authority Type:** Inventor

<b>Primary Citizenship Country:</b>	NO
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Lukas
<b>Middle Name:</b>	
<b>Family Name:</b>	ZYZNOWSKI
<b>Name Suffix:</b>	
<b>City of Residence:</b>	KUNGALV
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	NO
<b>Street of mailing address:</b>	Bultgatan 22
<b>City of mailing address:</b>	KUNGALV
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	NO
<b>Postal or Zip Code of mailing address:</b>	442 40

## Correspondence Information

Correspondence Customer Number: 32894

## Representative Information

Representative Customer Number: 32894

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
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## Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
WO	PCT/EP2004/002984	03/19/2004	YES
GB	0306423.5	03/20/2003	YES

## Assignee Information

Assignee name:	Proffer Glass Engros AS
Street of mailing address:	Spinneriveien 9

City of mailing address:	GAMLE FREDRIKSTAD
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State or Province of mailing address:

Country of mailing address:	NO
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Postal or Zip Code of mailing address:	1607
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**Signature: /c j haitjema/**

**A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.**

**Signature Date: 6 August 2010**

**Coraline J. Haitjema  
Reg. no. 63,192**